

LG1016 Reporting Gambling Manager Information Changes

DO NOT use this form to report a change in gambling manager.

Use the LG212 Gambling Manager Application to obtain a license for a new gambling manager.

This form is only used to report application information changes for the current gambling manager.

Gambling Manager Information

Organization name _____ License number _____

Gambling manager for which changes are being reported _____

____ **Gambling manager's address.**

- The gambling manager's address may not be the same as the organization's address.
- Temporary storage - If the gambling manager's address is used to store games, the site must be in Minnesota.

Street address _____

City _____ State _____ Zip code _____

____ **Gambling manager's phone number** _____

____ **Gambling manager's name** _____

Previous name _____

____ **Gambling manager bond and policy number.** Submit a copy of the new bond containing the name of the new bonding company, policy number, and the effective date.

Acknowledgment

I declare that all information is true, accurate, and complete.

Signature of chief executive officer or gambling manager

Date

Print name _____ Title: ____Chief Executive Officer ____Gambling Manager

Within 10 days of the change, submit to:

Gambling Control Board ATTN: Licensing
1711 W. County Road B, Suite 300S
Roseville, MN 55113

Phone: 651.539.1900 **FAX:** 651.639.4032

Data privacy notice: The information requested on this form and any attachments will become public information when received by the Board, and will be used to determine your compliance with Minnesota statutes and rules governing lawful gambling activities.